PTO/SB/06 (07-06)

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/570,028			ing Date 01/2006	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN
⊢	FOR		NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	OR	RATE (\$)	FEE (\$)
×	BASIC FEE (37 CFR 1.16(a), (b),	_	N/A		N/A		N/A	150	١	N/A	TEE (0)
$\overline{}$	SEARCH FEE	or (c))	N/A		N/A	ı	N/A			N/A	
H	(37 CFR 1.16(k), (f), (N/A		N/A N/A				ı	<u> </u>	
TO	(37 CFR 1.16(o), (p), (N/A		N/A x s =		OR	N/A x s =	
IND	CFR 1.16(i)) EPENDENT CLAIM	s	minus 20 = *			ı	x s =		OR	x s =	
(37	CFR 1.16(h))	16.05 -	minus 3 = * If the specification and drawing		1 400	ı	Х > =			X 5 =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE sheer is \$2: additi	ts of pape 50 (\$125 ional 50 s	n size fee due							
	MULTIPLE DEPEN	7 CFR 1.16(j))									
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL	150		TOTAL	
APPLICATION AS AMENDED — PART II OTHER THA (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL EN											
AMENDMENT	08/16/2010	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(i))	· 20	Minus	 20	= 0		X \$26 =	0	OR	x s =	
ž	Independent (37 CFR 1.16(h))	• 3	Minus	3	= 0		X \$110 =	0	OR	x s =	
√ME	Application Size Fee (37 CFR 1.16(s))										
ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
							TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE	
(Column 1) (Column 2) (Column 3)											
		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
Z	Total (37 CFR 1,16(1))		Minus		-	l	x \$ =		OR	x s =	
AMENDMENT	Independent (37 CFR 1.16(h))		Minus	***	-		x \$ =		OR	x s =	
핆	Application Size Fee (37 CFR 1.16(s))										
ΑM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					l			OR		
									OR	TOTAL ADD'L FEE	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" in THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.											

This collection of information is equated by 37 CER. 1.16. The information is required to obtain or retain a bearful by the public which his lost figured by the USFTO to monoceal an implication. Confidentiality is ownered by 80 Sec. 22 and 37 CEF 1.15. This collection in extensive this line 2 vanishes to complete a position form to the USFTO. Time well vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or seggestions for motioning this burden, about the sent to the CEM information Officer. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrius, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandrius, VA 2213-1450.